

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/779,135	FILING DATE					
							APPLICANT(S)						
11-22-04 37575 CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		1		1		1	53						
4		1		1		1	54						
5		1		1		1	55						
6		1		1		1	56						
7		1		1		1	57						
8	1		1		1		58						
9		1		1		1	59						
10		1		1		1	60						
11		1		1		1	61						
12		1		1		1	62						
13	1						63						
14		1	1		1		64						
15		1		1		1	65						
16		1		1		1	66						
17		1		1		1	67						
18		1		1		1	68						
19		1		1		1	69						
20		1		1		1	70						
21			1		1		71						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		4		4		TOTAL IND.						
TOTAL DEP.	17		16		16		TOTAL DEP.						
TOTAL CLAIMS	20		20		20		TOTAL CLAIMS						